

Attach Color Photo Here
(Photo will not be returned)

Extras Casting Application

Date: _____

Name: _____
Address: _____
City, State, Zip _____

Age: _____
HT: _____
WT: _____
HAIR COLOR: _____

PHONE NUMBERS:

HOME#: _____
CELL#: _____
WORK#: _____
EMAIL: _____

SIZES - MALE:

JACKET: _____
NECK/SLEEVE: _____
WAIST/INSEAM: _____
SHOE: _____
SHIRT: _____
HAT: _____

OCCUPATION: _____

Ok to call at work? (CIRCLE) YES NO

SIZES - FEMALE:

DRESS: _____
BLOUSE/SHIRT: _____
PANT: _____
SHOE: _____
MEASUREMENTS: _____

Do you have a flexible schedule? YES NO

Are you a member of SAG or AFTRA? YES NO

Are you willing to travel to Dickson, TN, Hartsville, TN, or Watertown, TN _____

Please briefly list any acting or musical experience _____

Please use an "X" to cross out the days you are NOT available. If selected you would need to be available for approximately 12-13 hours per day. Most extras will only be asked to work 1 day on the film.

September 2010

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October 2010

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

AUTOMOBILES AVAILABLE:

MODEL/ YEAR/ COLOR: _____

MODEL/ YEAR/ COLOR: _____
